

Officeholder, Candidate, and Controlled Committee
Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

511 CHARLESTON WAY

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

LODI CA 95242 209 368-6708

COMMITTEE NAME

COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

COMMITTEE ADDRESS (NO. AND STREET)

1806 W. KETTERMAN LANE, SUITE K

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

LODI CA 95242 209 333-7318

NAME OF TREASURER

PETER V. HETZNER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

611 AHERTON DR

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

LODI CA 95242 209 368-5352

Statement covers period

from OCT 1

through OCT 22

Date of election if applicable:
(Month, Day, Year)

11-08-94

Date Stamp

RECEIVED

OCT 27 PM 12:50

ADMINISTRATIVE
CITY CLERK

OVER PAGE

LONG FORM

CALIFORNIA
1994 FORM 490

Page of
For Official Use Only

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/27 At LODI CA

By Peter V. Hetzner SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/27 At LODI CA

By Keith Land SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE At CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE At CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Summary Page

Statement covers period from <u>OCT 1</u> through <u>OCT 22</u>	CALIFORNIA 1994 FORM 490 X Page _____ of _____ I.D. NUMBER <u>942177</u>
---	--

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>1096. -</u>	\$ <u>2876.97</u>	\$ <u>3972.97</u>
2. Loans Received	Schedule B, Line 7			
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1096. -</u>	\$ <u>2876.97</u>	\$ <u>3972.97</u>
4. Non-monetary Contributions	Schedule C, Line 3			
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>1096. -</u>	\$ <u>2876.97</u>	\$ <u>3972.97</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7			
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>1096. -</u>	\$ <u>2876.97</u>	\$ <u>3972.97</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>1246.49</u>	\$ <u>2552.70</u>	\$ <u>3799.19</u>
9. Loans Made	Schedule H, Line 7			
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>1246.49</u>	\$ <u>2552.70</u>	\$ <u>3799.19</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5			
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>1246.49</u>	\$ <u>2552.70</u>	\$ <u>3799.19</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>324.27</u>
14. Cash Receipts	Column A, Line 3 above	<u>1096. -</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	
16. Cash Payments	Column A, Line 10 above	<u>1246.49</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>173.78</u>

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ <u>4</u>
------------------------------------	--------------------------------	-------------

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	\$ _____
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ _____

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ _____	_____
22. Expenditures Made	\$ _____	_____

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>OCT 1</u> through <u>OCT 22</u>	CALIFORNIA 1994 FORM 490
Page _____ of _____	I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

SUBTOTAL \$ 0

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 1096.-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1096.-

**Schedule
Payments and Contributions
(Other Than Loans) Made**

type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>Oct 1</u> through <u>Oct 22</u>	CALIFORNIA 1994 FORM 490
Page <u> </u> of <u> </u>	I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR	DESCRIPTION OF PAYMENT
PHOTO INSTANT PRINT 222 W. PINE ST. L001, CA. 95240	L		191.49
V.I.B.F. PRO MANCO 2935 FERNWOOD DR. L001, CA. 95242	F		100.-
KING VIDEO 1521 S. STOCKTON ST L001, CA. 95240	B		400.-

75

4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) TOTAL \$ 1264.49

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (cont.)

Statement covers period		CALIFORNIA LEGISLATURE 490
from <u>Oct 1</u>	through <u>Oct 22</u>	
Page _____ of _____		I.D. NUMBER <u>942177</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND - COMMITTEE TO ELECT KEITH LAND

CODES FOR CLASSIFYING EXPENDITURES

- | | | |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE | "O" -- OUTSIDE ADVERTISING | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>LODI NEWS-SENTINEL</u> <u>125 N. CHURCH ST</u> <u>LODI, CA. 95240</u>	<u>N</u>			<u>500.-</u>
SUBTOTAL \$				<u>500.-</u>